



Date

Member Name

Member Address

City, State Zip code

Subject: Report on complaint filed {Date}

Dear Member:

We have completed our investigation of the complaint you filed with the Indiana Health Coverage Programs (IHCP) on {Date} about the IHCP privacy practices or our compliance with the *Notice of Privacy Practices*, privacy policies and procedures, or federal or state privacy law. We have concluded that your complaint {has merit / is without merit} for the following reasons:

{Because the IHCP found no merit in your complaint, the IHCP is closing the file on this matter without further action. / The IHCP has implemented the following corrective action to resolve the matters about your complaint}:

If you are dissatisfied with the resolution of your complaint, you can file a complaint with the U.S. Department of Health and Human Services. Contact the IHCP Privacy Office at XXX-XXX-XXXX for information about the procedure for contacting the U.S. Department of Health and Human Services, if you have questions, or want to discuss further the resolution of your complaint.

Sincerely,

IHCP Privacy Office